

JUVENILE INTAKE REPORT

Name of Inpatient Facility

Date of Admission		Medical Record Number		Time of Admission	
Service Recipient's Name				Social Security #	
Date of Birth		Age		Sex	Race
TennCare (Y/N)		Begin date		TennCare End date	
MCO		BHO		Commercial Insurance	
Contact Person		Referral Source	_____ County		Phone
Service Recipient's Current Location				County of Charge(s)	
Address				Phone	
Charge(s) including date:					
Date of Court Hearing (if known):					
Court Order requests the following:	Evaluation		Committability	Competency	Insanity
Psychosexual	A&D Assessment		MR Assessment	Other (specify):	
Legal Status for Admission:		Yes	X	No	Previous Legal Status
TCA §37-1-128					
Clinical Information (rationale for inpatient referral):					
Medical Issues/Current Medications:					
OUTPATIENT			INPATIENT		
Juvenile Court Judge			Juvenile Court Judge		
Youth Service Officer			Youth Service Officer		
DCS Contact			DCS Contact		
Attending Physician			Unit/Program		
Signature of Intake Person			Date Completed		